

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Huras et al.
Serial No. : 10/689,114 Examiner : Chen, Qing
Filed : October 19, 2003 Group Art Unit : 2191
For : SYSTEM AND METHOD FOR REGULATING RATE OF
EXECUTION OF SOFTWARE EXECUTION UNITS

HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

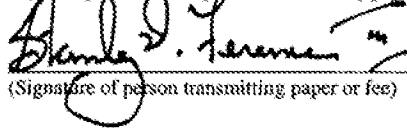
1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-WEB on March 21, 2008 to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)



(Signature of person transmitting paper or fee)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		<u>SMALL ENTITY</u>				<u>OTHER THAN A SMALL ENTITY</u>			
							<u>RATE</u>	<u>FEE</u>			<u>RATE</u>	<u>FEE</u>		
Total Claims	19	-	**	23	=	*	0	x	\$25	=	O	x	\$50	=
Ind. Claims	3	-	***	3	=	*	0	x	\$105	=	O	x	\$210	=
<input type="checkbox"/> Multiple Dependent Claim Presented							+	\$185	=		O	+	\$370	=
							<u>TOTAL</u>	=	\$_____		<u>TOTAL</u>	=	\$_____	

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

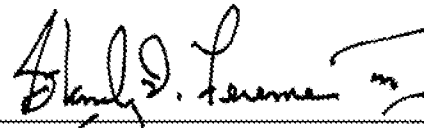
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

ERENCE & ASSOCIATES LLC

By 
Stanley D. Ference III
Reg. No. 55,879

Dated: March 21, 2008

Mailing Address:

Customer No. 35195

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